

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 4 — 0 0 1

2. STATE:

Pennsylvania

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
Title XIX - Medicaid

4. PROPOSED EFFECTIVE DATE

January 1, 2004

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.725, 435.733, 435.1010, 435.832

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 154,443

b. FFY 2005 \$ 226,062

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, Page 5
Supplement 6 to Attachment 2.6-A
Pages 1, 1a, 1b and 29. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 2.6-A, Pg. 5
Supplement 6 to Attachment 2.6-A,
pgs. 1, 1a, 1b and 2

10. SUBJECT OF AMENDMENT:

Cost-of-Living Adjustments

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Secretary of Public Welfare

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Estelle B. Richman

13. TYPED NAME:

Estelle B. Richman

14. TITLE:

Secretary of Public Welfare

15. DATE SUBMITTED:

3-30-04

16. RETURN TO:

Commonwealth of Pennsylvania
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

3/31/04

18. DATE APPROVED:

JUN 22 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/04

20. SIGNATURE OF REGIONAL OFFICIAL:

Harry A. Mirach for Mary T. Morsley

21. TYPED NAME:

MARY T. MCSORLEY

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

State: Pennsylvania

Citation	Condition or Requirement						
	<p>b. TANF related-</p> <p>Children \$30</p> <p>Adults \$30</p>						
	<p>c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A</u>. \$30</p>						
Social Security Act §1924	<p>3. For maintenance of the non-institutionalized spouse only. The monthly income allowance for the community spouse (using the formula in §1924(d)(2)) is the amount by which a maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C).</p> <p>The monthly income allowance for other dependent family members living with the community spouse is one-third of the amount by which the poverty level component (§§1924(d)(3)(A)) exceeds the dependent family member's income.</p> <p>4. An amount for the maintenance of each family member with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the highest of -</p> <table> <tr> <td>TANF level</td><td><u>\$See attached cash schedule</u></td></tr> <tr> <td>Medically needy level</td><td>\$ _____</td></tr> <tr> <td>Other as follows</td><td>\$ _____</td></tr> </table> <p>5. Amounts for incurred medical expenses not subject to payment by a third party.</p> <p>a. Health insurance premiums, deductibles and coinsurance charges.</p> <p>b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in <u>Supplement 3 to ATTACHMENT 2.6-A</u>).</p> <p>6. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period.</p> <p><u>X</u> Yes. Amount for maintenance of home <u>\$591.40</u> (Effective January 1, 2004)</p> <p>___ No.</p>	TANF level	<u>\$See attached cash schedule</u>	Medically needy level	\$ _____	Other as follows	\$ _____
TANF level	<u>\$See attached cash schedule</u>						
Medically needy level	\$ _____						
Other as follows	\$ _____						

Revision:

State: Pennsylvania

SUPPLEMENT 6 TO ATTACHMENT 2.6-A
Page 1a

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category (Reasonable Classification)	Administered by Federal State	Income Level				Income Disregards Employed	
		Gross		Net			
		1 Person	Couple	1 Person	Couple		
(1) Aged, blind, and disabled living in a domiciliary care facility	(2) X	(3) 1/1/85 1/1/86 1/1/87 1/1/88 1/1/89 1/1/90 1/1/91 1/1/92 1/1/93 10/1/93 1/1/94 1/1/95 1/1/96 1/1/97 1/1/98 1/1/99 1/1/00 1/1/01 1/1/02 1/1/03 1/1/04	(4) \$ 975 1,008 1,020 1,062 1,104 1,158 1,221 1,266 1,302 1,302 1,338 1,374 1,410 1,452 1,482 1,500 1,536 1,590 1,635 1,656 1,692	(5) \$1,464 1,512 1,530 1,596 1,659 1,737 1,830 1,899 1,956 1,956 2,153 2,061 2,115 2,178 2,223 2,253 2,307 2,388 2,451 2,487 2,538	(6) \$472.30 483.30 487.30 501.30 515.30 533.30 554.30 569.30 581.30 763.30 775.30 787.30 799.30 813.30 823.30 829.30 841.30 859.30 934.30 941.30 953.30	(7) \$861.40 877.40 883.40 905.40 926.40 952.40 983.40 1,006.40 1,025.40 1,389.40 1,406.40 1,424.40 1,442.40 1,463.40 1,478.40 1,488.40 1,506.40 1,533.40 1,674.40 1,686.40 1,703.40	(8) SSI Standards

TN No. 04-001
 Supercedes
 TN No. 03-001

Approval Date JUN 22 2004

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SUPPLEMENT 6 TO ATTACHMENT 2.6-A
Page 1State: Pennsylvania

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living independently	(2) X	1/1/85	(3) \$ 975	\$1,464	(4) \$357.40	\$536.70	(5) SSI Standards
		1/1/86	1,008	1,512	368.40	552.70	
		1/1/87	1,020	1,530	372.40	558.70	
		1/1/88	1,062	1,596	386.40	580.70	
		1/1/89	1,104	1,659	400.40	601.70	
		1/1/90	1,158	1,737	418.40	627.70	
		1/1/91	1,221	1,830	439.40	658.70	
		1/1/92	1,266	1,899	454.40	681.70	
		1/1/93	1,302	1,956	466.40	700.70	
		1/1/94	1,338	2,153	478.40	717.70	
		1/1/95	1,374	2,061	490.40	735.70	
		1/1/96	1,410	2,115	497.40	748.70	
		1/1/97	1,452	2,178	511.40	769.70	
		1/1/98	1,482	2,223	521.40	784.70	
		1/1/99	1,500	2,253	527.40	794.70	
		1/1/00	1,536	2,307	539.40	812.70	
		1/1/01	1,590	2,388	557.40	839.70	
		1/1/02	1,635	2,451	572.40	860.70	
		1/1/03	1,656	2,487	579.40	872.70	
		1/1/04	1,692	2,538	591.40	889.70	

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TN No. 03-001Approval Date JUN 22 2004Effective Date: January 1, 2004
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State: Pennsylvania**STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENT**

Payment Category (Reasonable Classification)	Administered by		Income Level				Income Disregards Employed
			Gross		Net		
	Federal	State	1 Person	Couple	1 Person	Couple	
(1) Aged, blind, and disabled living in a personal care home	(2) X	7/1/89	(3) \$1,104	\$1,659	(4) \$520.30	\$ 936.40	(5) SSI Standards
		1/1/90	1,158	1,737	538.30	962.40	
		1/1/91	1,221	1,830	559.30	993.40	
		1/1/92	1,266	1,899	574.30	1,016.40	
		1/1/93	1,302	1,956	586.30	1,035.40	
		10/1/93	1,302	1,956	768.30	1,399.40	
		1/1/94	1,338	2,153	780.30	1,416.40	
		1/1/95	1,374	2,061	792.30	1,434.40	
		1/1/96	1,410	2,115	804.30	1,452.40	
		1/1/97	1,452	2,178	818.30	1,473.40	
		1/1/98	1,482	2,223	828.30	1,488.40	
		1/1/99	1,500	2,253	834.30	1,498.40	
		1/1/00	1,536	2,307	846.30	1,516.40	
		1/1/01	1,590	2,388	864.30	1,543.40	
		1/1/02	1,635	2,451	939.30	1,684.40	
		1/1/03	1,656	2,487	941.30	1,696.40	
		1/1/04	1,692	2,538	958.30	1,713.40	

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SUPPLEMENT 6 TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Pennsylvania

A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY

See attached schedule of payments for the TANF cash program.
For the SSI Aged, Blind, and Disabled.

Single - \$591.40

Couple - \$889.70

For institutionalized persons under a special income level:

SSI - 300% of the Federal benefit rate payable under Title XVI of the Social Security Act = \$1,692 per month (300% x \$564)

TANF - One person limit for county of residence (see attached schedule) + \$350

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